## 10/550082 FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET APPLICANT(S) (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AFTER **AS FILED AS FILED** AFTER. I AMENDMENT 1 MAMENDMENT [ AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 4 8 9 10 11 12 13 14 15 16 17

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